

MILITARY POLICE REPORT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

MILITARY POLICE REPORT NUMBER	DATE (YYYYMMDD)	ORI NUMBER	USACRC CONTROL NUMBER
THRU	TO	FROM	

SECTION I - ADMINISTRATION

1. REPORT TYPE <input type="checkbox"/> Information <input type="checkbox"/> Traffic <input type="checkbox"/> Military Offense <input type="checkbox"/> Criminal <input type="checkbox"/> Complaint	3. EVALUATION <input type="checkbox"/> Founded <input type="checkbox"/> Unfounded 4a. COMPLAINT DATE (YYYYMMDD)	4c. COMPLAINT RECEIVED BY <input type="checkbox"/> In Person <input type="checkbox"/> 911 <input type="checkbox"/> CB <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Crime Stoppers <input type="checkbox"/> Alarm <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> Referral	5a. CLEARANCE REASON <input type="checkbox"/> A Death of Offender <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> C Extradition Declined <input type="checkbox"/> D Victim Refused to Cooperate <input type="checkbox"/> E Juvenile, No Custody <input type="checkbox"/> U Unfounded <input type="checkbox"/> X Apprehension 6a. MP ACTION <input type="checkbox"/> MPI <input type="checkbox"/> Civil Authorities <input type="checkbox"/> CID <input type="checkbox"/> Traffic <input type="checkbox"/> MP <input type="checkbox"/> OTHER (Specify)	5b. EXCEPTIONAL CLEARANCE DATE (YYYYMMDD) 7. INVOLVEMENT <input type="checkbox"/> Hate <input type="checkbox"/> Domestic <input type="checkbox"/> Death <input type="checkbox"/> Gang <input type="checkbox"/> Trainee <input type="checkbox"/> Extremist 6b. DATE REFERRED (YYYYMMDD)
2. STATUS <input type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	4b. COMPLAINT TIME (24 HR)			

SECTION II - OFFENSE (For additional offenses, complete DA Form 3975-1)

1a. OFFENSE NO.	1b. SUBJECT NO. INVOLVEMENT	1c. VICTIM NO. INVOLVEMENT	1d. NIBRS LOCATION CODE	1e. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES <input type="checkbox"/> YES <input type="checkbox"/> NO See DA Form 3975-1
1g. OFFENSE CODE(s)	1h. OFFENSE DESCRIPTION(s)			1i. OFFENSE LOCATION ADDRESS	
2a. BEGIN DATE (YYYYMMDD)	3. TYPE OF CRIMINAL ACTIVITY (Check up to three) <input type="checkbox"/> B Buying/Receiving <input type="checkbox"/> C Cultivating/Manufacturing/Publishing <input type="checkbox"/> D Distributing/Selling <input type="checkbox"/> E Exploiting Children <input type="checkbox"/> O Operating/Promoting/Assisting <input type="checkbox"/> P Possessing/Concealing <input type="checkbox"/> T Transporting/Importing <input type="checkbox"/> U Using/Consuming			4. OFFENSE STATUTORY BASIS <input type="checkbox"/> A UCMJ <input type="checkbox"/> B Non-Criminal Fatality <input type="checkbox"/> C State <input type="checkbox"/> D Local <input type="checkbox"/> E Foreign <input type="checkbox"/> F Federal, Non-UCMJ	5. OFFENDER USED (Check up to three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24 Hour)					
2c. END DATE (YYYYMMDD)					
2d. END TIME (24 Hour)					

NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS) LOCATION CODES (Section II, Block 1d)

- | | | |
|---------------------------------|-------------------------------------|--|
| 01 Air/Bus/Train Terminal | 10 Field/Woods/Training Area | 19 Rental/Storage Facility |
| 02 Bank/Credit Union | 11 Government/Public Building | 20 Residence/Quarters/Barracks/BEQ/BOQ |
| 03 Bar/Officer/NCO Club | 12 Grocery Store/Commissary | 21 Restaurant/Dining Facility |
| 04 Church/Synagogue Temple | 13 Highway/Road/Alley/Street | 22 School/College |
| 05 Commercial Office Building | 14 Hotel/Motel/VAQ/VEQ/TLQ | 23 Service/Gas Station |
| 06 Construction Site | 15 Jail/Prison/Corrections Facility | 24 Specialty Store/Concessionaire |
| 07 Convenience Store/Shoppette | 16 Lake/Waterway/Ocean | 25 Child Care Facility/Home Day Care |
| 08 Dept/Discount Store/Exchange | 17 Liquor Store/Class VI | 26 Recreation Area/Park |
| 09 Drug Store/Hospital/Clinic | 18 Motor Pool/Parking Lot/Garage | 27 Training Center/Service School |
| | | 28 On Board Ship |

6. TYPE OF WEAPON/FORCE. Check up to three and indicate in the second block next to the item whether:
 F - Fully Automatic S - Semi-Automatic M - Manual U - Unknown

<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	35 Motor Vehicle	<input type="checkbox"/>	90 OTHER (Specify)
<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	50 Poison	<input type="checkbox"/>	
<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	60 Explosives	<input type="checkbox"/>	
<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	65 Fire/Incendiary	<input type="checkbox"/>	99 None
<input type="checkbox"/>	40 Personal Weapons	<input type="checkbox"/>	70 Narcotics/Drugs	7. NUMBER OF PREMISES ENTERED (For Burglary/Housebreaking only) _____	
<input type="checkbox"/>	20 Knife/Cutting Instrument	<input type="checkbox"/>	85 Asphyxiation		
<input type="checkbox"/>	30 Blunt Object	<input type="checkbox"/>	95 Unknown		

Forcible Entry No Forcible Entry

8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two)

<input type="checkbox"/>	1 Argument	<input type="checkbox"/>	20 Criminal Killed by Private Citizen
<input type="checkbox"/>	2 Assault on Law officer	<input type="checkbox"/>	21 Criminal Killed by Law Enforcement
<input type="checkbox"/>	3 Drug Dealing	<input type="checkbox"/>	30 Child Playing With Weapon
<input type="checkbox"/>	4 Gangland	<input type="checkbox"/>	31 Gun Cleaning Accident
<input type="checkbox"/>	5 Juvenile Gang	<input type="checkbox"/>	32 Hunting Accident
<input type="checkbox"/>	6 Domestic Quarrel	<input type="checkbox"/>	33 Other Negligent Weapon Handling
<input type="checkbox"/>	7 Mercy Killing	<input type="checkbox"/>	35 Other Negligent Killings
<input type="checkbox"/>	8 Other Felony Involved		

9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES

<input type="checkbox"/>	A Criminal attacked police officer and that police officer killed the criminal
<input type="checkbox"/>	B Criminal attacked police officer and was killed by another police officer
<input type="checkbox"/>	C Criminal attacked a civilian
<input type="checkbox"/>	D Criminal attempted flight from a crime
<input type="checkbox"/>	E Criminal killed in commission of a crime
<input type="checkbox"/>	F Criminal resisted arrest
<input type="checkbox"/>	G Unable to determine

10. BIAS MOTIVATION (As applicable) YES NO UNKNOWN

SECTION III - SUBJECT (For additional subjects, complete DA Form 3975-2)

1a. SUBJECT NO.	1b. NAME (Last, First, Middle, Jr., Sr., III)	1c. SSN/FNN/ALIEN REG NO	1d. PROTECTED IDENTITY	
1e. CATEGORY <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov Empl <input type="checkbox"/> U Foreign Nat Empl <input type="checkbox"/> V Other Foreign Nat <input type="checkbox"/> W Retired Military	1f. DOB (YYYYMMDD)	1g. POB (City, State, Country)	1h. GRADE	
	1j. WORK PHONE	1k. NICKNAMES/ALIAS	1i. HOME PHONE	
	1m. COMPONENT <input type="checkbox"/> G National Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NUMBER	11. CITIZENSHIP <input type="checkbox"/> US Country (Specify) <input type="checkbox"/> Resident Alien	
	2a. ORGANIZATION, UIC, AND STREET ADDRESS	2b. INSTALLATION/CITY	1o. IS LICENSE <input type="checkbox"/> FR Foreign State (Specify) <input type="checkbox"/> IT International	
	3a. RESIDENCE STREET ADDRESS	2c. STATE/COUNTRY	2d. ZIP/APO	
		2e. UNIT PHONE		
		3b. INSTALLATION/CITY	3d. ZIP/APO	
	3c. STATE/COUNTRY			
	4a. HAIR COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)	4b. EYE COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Violet	4c. COMPLEXION <input type="checkbox"/> Albino <input type="checkbox"/> Medium <input type="checkbox"/> Black <input type="checkbox"/> Medium Brown <input type="checkbox"/> Dark <input type="checkbox"/> Ruddy <input type="checkbox"/> Dark Brown <input type="checkbox"/> Yellow <input type="checkbox"/> Fair <input type="checkbox"/> Sallow <input type="checkbox"/> Light <input type="checkbox"/> Olive <input type="checkbox"/> Light Brown	4d. AGE RANGE (Specify) <input type="checkbox"/> 4e. HEIGHT <input type="checkbox"/> 4f. WEIGHT
	5. JUVENILE <input type="checkbox"/> YES <input type="checkbox"/> NO	7. RACE <input type="checkbox"/> A Asian/Pac. Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/Alaskan Native <input type="checkbox"/> W White <input type="checkbox"/> U Unknown	6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	
8. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	9. IDENTIFYING MARKS AND LOCATION	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors)		
11. OFFENDER'S DISPOSITION				
12. SECURITY CLEARANCE <input type="checkbox"/> None <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Other (Specify)	13. MARITAL STATUS <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce Decree, Not Finalized <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	14. SUBJECT ARMED WITH (Check up to two and whether F - Fully Automatic, M - Manual, S - Semi-Automatic, or U - Unknown) <input type="checkbox"/> 1 Unarmed <input type="checkbox"/> 11 Firearm (Unk Type) <input type="checkbox"/> 12 Handgun _____ <input type="checkbox"/> 13 Rifle _____ <input type="checkbox"/> 14 Shotgun _____ <input type="checkbox"/> 16 Lethal Cutting Instrument		
		<input type="checkbox"/> 17 Club/Blackjack/Knuckles <input type="checkbox"/> 15 Other (Specify)		